

**PSYCHOLOGY**  
**PRACTICUM TRAINING APPLICATION**

(Eleven Month Practica 2007-2008)

1. NAME:

ADDRESS:

2. HOME PHONE:

OFFICE PHONE:

**E-MAIL ADDRESS:**

3. U.S. CITIZEN:        YES        NO

4. SCHOOL:

CURRENT PROGRAM YEAR:    FIRST    SECOND    THIRD    FOURTH  
(circle one)

5. APA APPROVED CLINICAL PROGRAM  
APA APPROVED COUNSELING PROGRAM

6. DIRECTOR OF CLINICAL TRAINING:

NAME:

SCHOOL:

ADDRESS:

PHONE:

7. a. WHAT ROTATION ARE YOU REQUESTING?

(Please indicate only the **one** rotation in which you are interested; descriptions of rotations are in the Practicum Program brochure)

\_\_\_ Neuropsychological Assessment and Rehabilitation Neuropsychology: Dr. O'Donnell and Dr. Urban

\_\_\_ Assessment and Treatment of Psychiatric Disorders: Dr. Noblett and Dr. Richard

\_\_\_ Geriatrics and Rehabilitation: Dr. Blaconiere

NAME:

8. LIST THE ASSESSMENT COURSES YOU WILL HAVE COMPLETED PRIOR TO BEGINNING THE PRACTICUM:
9. PLEASE DESCRIBE THE TYPE OF PATIENTS, THE TYPE OF PSYCHOPATHOLOGY, AND TESTS WITH WHICH YOU'VE HAD EXPERIENCE OR ADMINISTERED:
10. IN A SHORT PARAGRAPH, PLEASE DESCRIBE YOUR TRAINING GOALS FOR A PRACTICUM EXPERIENCE AND HOW HINES VA MIGHT HELP YOU FULFILL THESE.

SIGNATURE: \_\_\_\_\_  
(if sent by email, your name typed is your signature)

